

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Samuel L Collins</u>		COURT CASE NUMBER <u>3:03-cv-30276</u>	
DEFENDANT <u>Fred McDonald</u>		TYPE OF PROCESS	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDITION		
	<u>Sheriff Fred McDonald</u>		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>1160 Elm Street Greenfield ma 01301</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
<div style="border: 1px solid black; padding: 5px;"> <u>SAMUEL COLLINS, PRO SE</u> <u>629 RANCH RD</u> <u>HUDLOW MA 01056</u> </div>		Number of process to be served with this Form - 285	
		Number of parties to be served in this case	<u>1</u>
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):			

Signature of Attorney or other Originator requesting service on behalf of: <u>Samuel L Collins</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Paul W. Kelly</u>	Date <u>12/14/03</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee <u>\$45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>\$45.00</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Spoke To David HANORE, Chief of Staff @ Franklin County House of Connection AND stated he would Accept Summons + Complaint by MAIL on behalf of Sheriff Fred McDonald. Marked Certified on 2-25-04.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/10)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FROM THE CITY HALL OF CHESTER
160 Elm St
Greenfield, MA 01301
ATTN: David Lankin
Chief of Staff

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

J. C. Smith

B. Date of Delivery

3/27/04

C. Signature

X J. C. Smith

☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999 P 346 152 93C

Domestic Return Receipt

102595-00-M-0952